

WARRANTY DEED

This Deed of Conveyance is this day made by the undersigned CHARLES H. WHITAKER and wife, FRANCES K. WHITAKER, hereinafter referred to as the GRANTORS, and MARY J. PERRY hereinafter referred to as the GRANTEE, WITNESSETH THAT:

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid by the GRANTEES to the GRANTORS, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged by the GRANTORS, CHARLES H. WHITAKER and wife, FRANCES K. WHITAKER, the GRANTORS do hereby and by these presents sell, convey, and warrant unto MARY J. PERRY, the GRANTEE, the hereinafter described real property located in DeSoto County, Mississippi, and being described as follows, to-wit:

BEGINNING AT A POINT THAT IS S 03 DEGREES 16' 31" E A DISTANCE OF 899.42 (CALLED) FEET FROM THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF SECTION 30, TOWNSHIP 2 SOUTH, RANGE 7 WEST, DESOTO COUNTY, MISSISSIPPI, SAID POINT BEING THE NORTHWEST CORNER OF THE WHITAKER PROPERTY; THENCE ALONG THE NORTH LINE OF SAID PROPERTY N 88 DEGREES 25' 32" E (N 85 DEGREES 54' E CALLED) A DISTANCE OF 239.71 FEET TO A POINT; THENCE CONTINUING ALONG SAID NORTH LINE N 85 DEGREES 23' 35" E (N 85 DEGREES 54' E CALLED) A DISTANCE OF 248.50 FEET TO A POINT; THENCE CONTINUING ALONG SAID NORTH LINE N 82 DEGREES 22' 33" E (N 85 DEGREES 54' E CALLED) A DISTANCE OF 308.71 FEET TO A POINT; THENCE S 04 DEGREES 55' 00" E A DISTANCE OF 383.44 FEET TO A POINT ON A SOUTH LINE OF SAID WHITAKER PROPERTY; THENCE ALONG SAID SOUTH LINE S 86 DEGREE 30' 13" W (S 85 DEGREES 54' W CALLED) A DISTANCE OF 316.11 FEET TO A POINT; THENCE CONTINUING ALONG SAID SOUTH LINE S 87 DEGREES 00' 19" W (S 85 DEGREES 54' W CALLED) A DISTANCE OF 251.33 FEET TO A POINT; THENCE CONTINUING ALONG SAID SOUTH LINE S 86 DEGREES 18' 43" W (S 85 DEGREES 54' W CALLED) A DISTANCE OF 236.75 FEET TO A POINT ON THE WEST LINE OF SAID PROPERTY; THENCE N 03 DEGREES 43' 21" W (N 3 DEGREES 44' W CALLED) A DISTANCE OF 354.56 (360 CALLED) FEET TO THE POINT OF BEGINNING AND CONTAINING 6.66 ACRES MORE OR LESS. AS PER SURVEY OF ARTHUR G. DAVIS DATED JUNE 4, 2002.

INDEXING INSTRUCTIONS:

THE NORTHEAST 1/4 OF SECTION 30, TOWNSHIP 2 SOUTH, RANGE 7 WEST

STATE MS.-DESOTO CO. 4
FILED

JUL 3 1 12 PM '02

BK 423 PG 286
W.E. DAVIS CH. CLK.

The foregoing covenant of warranty is made subject to rights of ways and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi; and to any prior reservation or conveyance of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel in, on and under the subject property; and is further subject to any unrecorded rights of way or easements; and any discrepancies, conflicts, encroachments, or shortages in area and boundaries which a correct survey and/or physical inspection of the property would reveal.

That by way of explanation Kathryn Whitaker departed this life on March 30, 2000 and attached hereto as Exhibit "A" is a copy of her Certificate of Death. That by way of further explanation the aforesaid Charles H. Whitaker has since remarried and the undersigned Frances K. Whitaker joins in this conveyance for homestead acknowledgment purposes.

Taxes and assessments against said property for the year 2002 shall be the responsibility of the Grantor's and taxes and assessments for the year 2003 shall be the responsibility of the Grantee and all subsequent years are hereby excepted from the foregoing covenant of warranty.

Possession shall be given upon delivery of this deed.

WITNESS the signature of the GRANTORS on this the 2nd day of July, 2002.

Charles H. Whitaker
CHARLES H. WHITAKER

Frances K. Whitaker
FRANCES K. WHITAKER

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 2nd day of JULY, 2002, within my jurisdiction, the within named CHARLES H. WHITAKER and wife, FRANCES K. WHITAKER, who acknowledged that they executed the above and foregoing instrument.



NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES SEPT 24, 2003

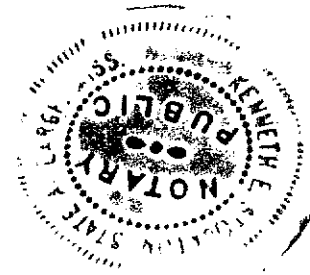
(SEAL)

GRANTORS' ADDRESS:
676 Pleasant Hill Road
Nesbit, MS 38651
RES. TEL.: 662-429-4902
BUS. TEL.: n/a

GRANTEES' ADDRESS:
663 Bankston Road
Nesbit, MS 38651
RES. TEL.: 662-429-9480
BUS. TEL.: n/a

2002-133

Prepared by:
KENNETH E. STOCKTON
ATTORNEY AT LAW
5 WEST COMMERCE STREET
HERNANDO, MS 38632
662-429-3469



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

Exhibit "A"

BK 0423 PG 0289
CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 12300-006990

TYPE OR PRINT
WITH BLACK INK

FILING DATE APR 07 2000

DECEASED

1. NAME First Middle Last Kathryn S. Whitaker	2. SEX Female	3a. HOUR OF DEATH 5:00A	3b. DATE OF DEATH (Month, Day, Year) March 30-2000
4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 85 Years	5b. MOS 12	5c. DAYS 12
6. DATE OF BIRTH (Month, Day, Year) 2-27-1915	7a. COUNTY OF DEATH Tate	7b. CITY OR TOWN OF DEATH Senatobia, Ms.	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Senatobia Convalescent Center
8. STATE OF BIRTH Miss.	9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Charles H.
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 1-09-36-5872	15a. USUAL OCCUPATION (Kind of work done, most of working life) House Wife
15b. KIND OF BUSINESS OR INDUSTRY Home Maker	16a. RESIDENCE-STATE Miss.	16b. COUNTY Tate	16c. CITY OR TOWN Senatobia
16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RURAL LOCATION 402 Garwell Dr	For RESIDENCE items, enter actual location of home rather than mailing address.	

PARENTS

17. FATHER-NAME First Middle Last Fred Sowell	18. MOTHER-NAME First Middle Maiden Willie White
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INFORMANT

19a. INFORMANT-NAME (Type or print) Charles H. Whitaker	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 676 Pleasant Hill Rd. Nesbit, Miss. 38651
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATION HOME Hernando Memorial	20c. LOCATION (City and State) Hernando, Miss.	21a. EMBALMER-SIGNATURE AND NUMBER Tony S. Burns FS 0617
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Brantley-Phillips 17 B	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2470 Hwy. 51 So. Hernando, Miss. 38632		

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Pat Kizziah Tate CMEI	22b. PRONOUNCED DEAD (Month, Day, Year) ON 3-30-2000	22c. PRONOUNCED DEAD (Hour) AT 5:42 A
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CERTIFIER

23a. CERTIFIER-NAME (Type or print) Pat Kizziah	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 247 Senatobia, Ms. 38668
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Pat Kizziah	24b. DATE SIGNED (Month, Day, Year) APRIL 3, 2000
24c. STATE LICENSE NUMBER MD	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) TATE CMEI

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) ALZHEIMERS DISEASE DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) Interval between onset and death	25. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
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Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☒ No

26. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) NO	27. AUTOPSY (Yes or No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES
29a. DATE OF INJURY (Month, Day, Year) March 30, 2000	29b. HOUR OF INJURY 5:00A	29c. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED House
29d. INJURY AT WORK (Yes or No) NO	29e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Home	29f. LOCATION 402 Garwell Dr

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

MAY 18 2000

WARNING:

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